2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# L02000026410

Entity Name: PARAGON HOME HEALTH CARE AGENCY, LLC

Current Principal Place of Business:

2510 OPAL COURT
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

1705 SOUTH ADAMS ST.
TALLAHASSEE, FL 32301 US

Current Mailing Address:

2510 OPAL COURT
TALLAHASSEE, FL 32309 US

New Mailing Address:

1705 SOUTH ADAMS ST.
TALLAHASSEE, FL 32301 US

FEI Number: 20-1072039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AKINS, DONNELL L
2510 OPAL COURT
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

AKINS, DONNELL L
1705 SOUTH ADAMS ST.
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 01/11/2005

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: AKINS, DONNELL L
Address: 2510 OPAL COURT
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONNELL L.W. AKINS MGR 01/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date